

Bimekizumab efficacy in patients with moderate to severe psoriasis classified as obese or overweight: 1-year results from four phase 3/3b studies

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Objective

To assess the efficacy of bimekizumab (BKZ) in patients with elevated baseline body mass index (BMI) with or without weight-related comorbidities through 1 year using data from four phase 3/3b trials.

Introduction

- Patients with moderate to severe psoriasis often have a higher body weight and more weight-related comorbidities than the general population.¹
 - Approximately 61% of US patients with psoriasis are classified as obese (BMI ≥30 kg/m²) or overweight (BMI 27–29.9 kg/m²) with ≥1 weight-related comorbidity.²
- As increased body weight is associated with heightened systemic inflammation,¹ it is crucial to evaluate whether treatments can control disease activity irrespective of patients' BMI.
- While previous reports have demonstrated that biologic treatments may be less efficacious in this population,¹ a recent study found that patients classified as obese or overweight with weight-related comorbidities treated with ixekizumab (interleukin [IL]-17A inhibitor) combined with tirzepatide achieved higher PASI 100 (100% improvement from baseline in Psoriasis Area and Severity Index) responses at Week 36 than ixekizumab alone (40.6% versus 29.0%, respectively; p<0.05).³
- BKZ, which selectively inhibits both IL-17A and IL-17F from IL-23-dependent and independent sources,⁴ has previously demonstrated high PASI 100 rates in patients with higher body weights through 3 years;⁵ it is important to further evaluate BKZ's efficacy in patients with both elevated BMI and weight-related comorbidities.

Methods

- Data were pooled from the 56-week BE SURE and BE READY, 52-week BE VIVID and 48-week BE RADIANT phase 3/3b trials.^{6–9}
- Included patients had an elevated BMI and received BKZ 320 mg every 4 weeks (Q4W) to Week 16, then Q4W or every 8 weeks (Q8W) to study end.
- Proportions of patients achieving PASI 90 (≥90% improvement from baseline in PASI) and PASI 100 (i.e., near-complete and complete skin clearance, respectively) are reported through 48 weeks (1 year) in three subgroups based on baseline BMI:
 - BMI 27–29.9 kg/m² with ≥1 weight-related comorbidity (comorbidities included hypertension, dyslipidaemia, type 2 diabetes mellitus, sleep apnoea syndrome and cardiovascular disease);
 - BMI ≥30 kg/m²;
 - BMI ≥35 kg/m² (subset of BMI ≥30 kg/m² subgroup).
- The proportion of patients reporting Dermatology Life Quality Index (DLQI) 0/1 (i.e., no effect of skin disease on their lives) is also presented for these subgroups.^{10,11}
- Data are reported for patients who received continuous BKZ, regardless of dosing regimen (BKZ Total).
 - The subset who received BKZ Q4W to Week 16 then Q8W thereafter were also analysed (Q4W/Q8W; approved dosing regimen for most patients with moderate to severe plaque psoriasis. Patients with body weight ≥120 kg are recommended to receive BKZ 320 mg Q4W after Week 16 if skin clearance has not been achieved).¹²
- Missing data were imputed using non-responder imputation (NRI).

Results

- Overall, 98/561/254 patients had a baseline BMI of 27–29.9 kg/m² and ≥1 weight-related comorbidity, BMI ≥30 kg/m² (≥1 weight-related comorbidity: 64.5%) or BMI ≥35 kg/m² (≥1 weight-related comorbidity: 74.8%), respectively.
 - Mean BMI for patients in each subgroup were 28.5/36.0/40.3 kg/m², respectively (Table 1).
 - Among patients who received BKZ Q4W/Q8W, these subgroups included 30/212/93 patients, respectively.
- High levels of PASI 90/100 were observed at Week 16 and Week 36 in BKZ Total patients in all three subgroups (Figures 1A and 1B). Responses were maintained to Week 48.
- The proportion of patients reporting DLQI 0/1 increased to Week 16 and was maintained to Week 48/52 in BKZ Total patients in all subgroups (Figure 1C).
- Similar PASI 90/100 and DLQI 0/1 results were seen in the BKZ Q4W/Q8W subset (Figure 1).

Conclusions

High levels of near-complete/complete skin clearance were achieved through 1 year of bimekizumab treatment in patients with psoriasis classified as overweight with weight-related comorbidities or obese. High proportions of patients also reported no effect of skin disease on their lives in all subgroups.

These data suggest deep control of underlying inflammatory pathways by targeting IL-17A and IL-17F with bimekizumab, irrespective of elevated baseline BMI and/or comorbidities.

Summary

High levels of **complete skin clearance** and **no effect of skin disease on patients' lives** were demonstrated through **1 year of bimekizumab treatment** in patients with moderate to severe psoriasis classified as **overweight with weight-related comorbidities or obese**

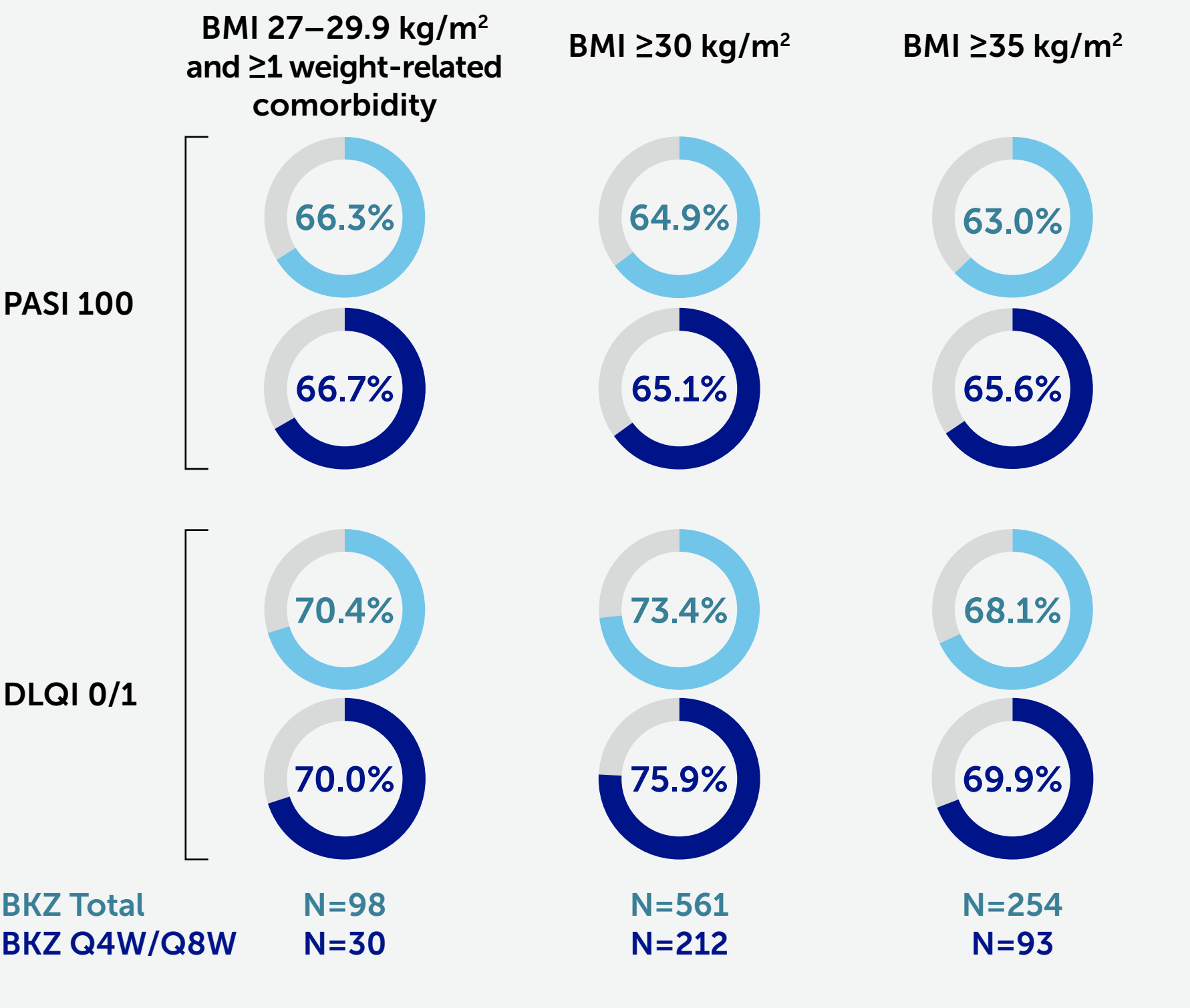
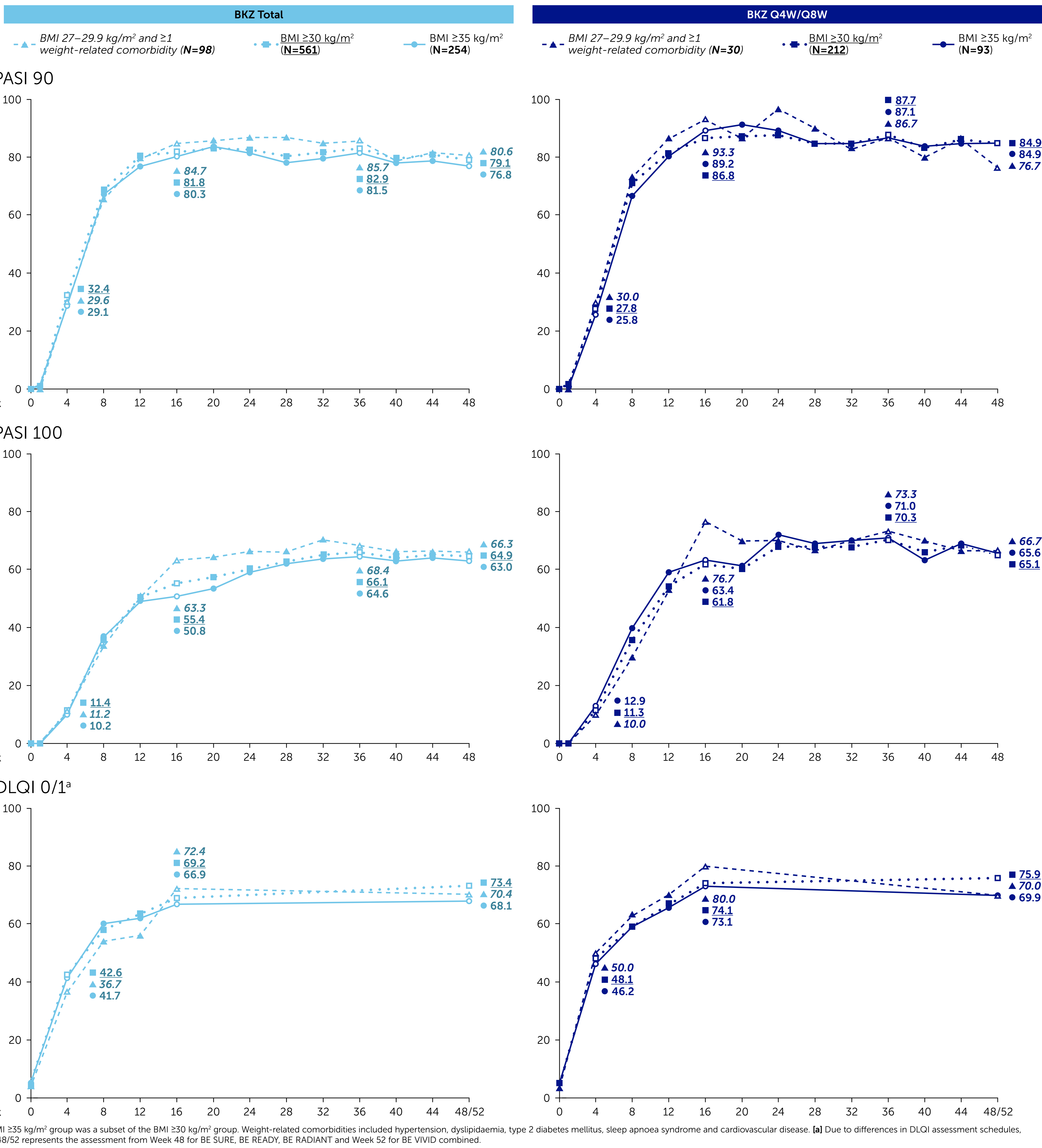


Figure 1 PASI 90/100 and DLQI 0/1 response by weight subgroups (NRI)



BKZ: bimekizumab; BMI: body mass index; BSA: body surface area; DLQI: Dermatology Life Quality Index; IGA: Investigator's Global Assessment; IL: interleukin; MedDRA: Medical Dictionary for Regulatory Activities Terminology; NRI: non-responder imputation; PASI: Psoriasis Area and Severity Index; PASI 90/100: ≥90%/100% improvement from baseline in PASI; Q4W: every 4 weeks; Q8W: every 8 weeks; SD: standard deviation; SOC: system organ class; TNF: tumour necrosis factor.

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